



PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

State of South Dakota
Project AWARE
2019 Annual Evaluation Report

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Pacific Institute for Research and Evaluation
Chapel Hill Center
101 Conner Drive, Suite 200
Chapel Hill, NC 27514
www.pire.org

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Contributors to this Report

Al Stein-Seroussi, PhD
Sean Hanley, PhD

Inquiries can be directed to

Al Stein-Seroussi
stein@pire.org

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INTRODUCTION

In 2018, the State of South Dakota was awarded a five-year Project AWARE (Advancing Wellness and Resilience Education) grant from the U.S. Department of Education. Project AWARE aims to promote better student access to mental health services by training school staff and other community stakeholders to notice, understand, and respond to signs of psychological distress among students. At the federal level, the purpose of the grant is to (1) increase awareness of mental health issues among school-aged youth; (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance or serious mental illness), and their families to needed services.

This comprehensive grant is administered by the South Dakota Department of Education (DOE) in conjunction with the Department of Social Services – Division of Behavioral Health (DSS-DBH). The state goals, which are consistent with the federal goals, are the following:

- Goal 1: Increase and improve access to mental health services for school-aged youth across SD through partnerships with LEAs, schools, educational cooperatives, and CMHCs.
- Goal 2: Equip education professionals with the tools necessary to recognize and respond to behavioral health issues among their students through multi-tiered systems of support.
- Goal 3: Conduct outreach and engagement with school-aged youth and their families to promote positive mental health and increase awareness of mental health issues.
- Goal 4: Help school-aged youth develop skills that promote resilience, destigmatize mental health, and increase self- and peer awareness of mental health issues.

DOE funded three LEAs and one educational cooperative to achieve these goals locally—Black Hills Special Services Cooperative (BHSSC), Bridgewater-Emery School District, Sioux Falls School District, and Wagner School District. (BHSSC and Sioux Falls each selected a single school in their districts to participate, Douglas Middle School and Whittier Middle School, respectively.) For simplicity, we refer to the three LEAs and one educational cooperative collectively as “districts” in the remainder of the report. Each district hosts a Community Project AWARE Manager (CPAM) to manage the program, particularly the coordination and delivery of Tier 1 universal programs and services and Tier 2 programs and services to enhance social and emotional wellbeing for students in need of support.¹ In two locations (Bridgewater-Emery and Sioux Falls), CPAMs are also School Counselors qualified to deliver individual and group counseling services to students. In addition, each district hosts a Systems of Care (SOC) Coordinator who is employed by the local Community Mental Health Center (CMCH) to coordinate an array of Tier 3 wrap-around services to support students and their families with higher levels of need. Students with serious emotional disturbances or who need more

¹ Three CPAMs are employees of the school districts. One CPAM is employed by the community mental health center.

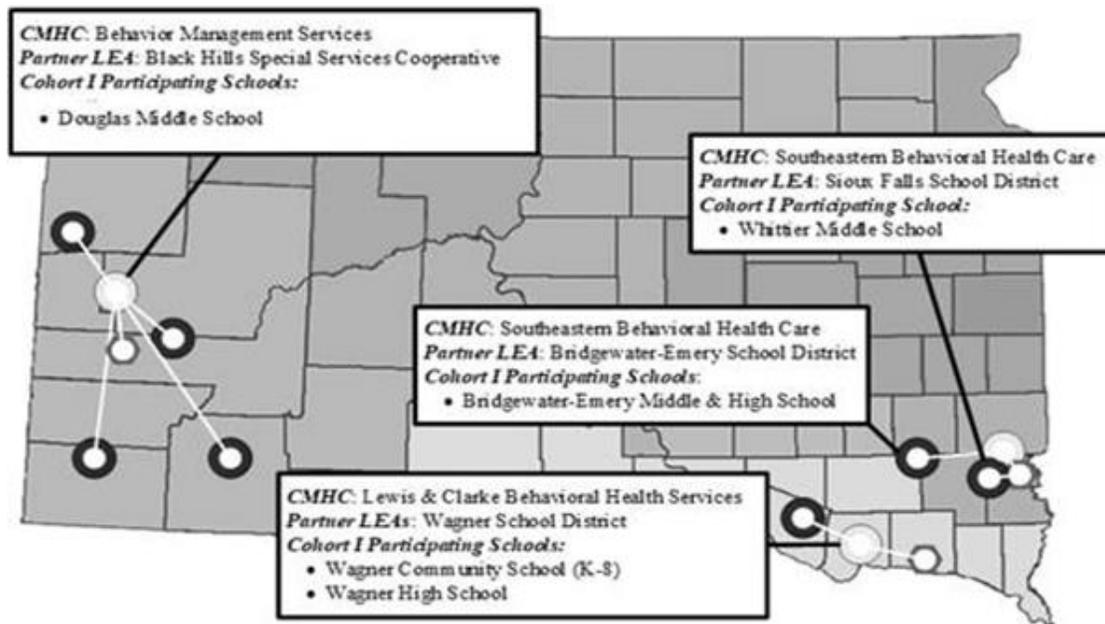
intensive mental health treatment services are referred to the CMHC or other local providers. The grant does not directly support those more intensive services. We provide basic information about the four districts and the participating schools in Table 1 and a map in Figure 1.

Table 1. South Dakota Project AWARE Districts and Community Mental Health Partners

AWARE Recipient	School District	Community Mental Health Center	Schools	Enrollment ^a	Poverty Status ^a
Black Hills Special Services Cooperative	Douglas School District	Behavior Management Systems	Douglas MS	709	Neither Low nor High Poverty
Bridgewater-Emery School District	Bridgewater-Emery School District	Southeastern Behavioral Health Services	Bridgewater-Emery ES	152	Neither Low nor High Poverty
			Bridgewater-Emery MS/HS	179	Neither Low nor High Poverty
Sioux Falls School District	Sioux Falls School District	Southeastern Behavioral Health Services	Whittier MS	913	High Poverty
Wagner School District	Wagner Community School District	Lewis and Clark Behavioral Health Services	Wagner Community School (K-8)	567	High Poverty
			Wagner HS	182	High Poverty

^a Source: South Dakota Report Card, 2017-18

Figure 1. Map of South Dakota Project AWARE Districts and Community Mental Health Centers*



* Bridgewater-Emery School District also includes Bridgewater-Emery Elementary School.

EVALUATION OVERVIEW

In December 2018, DOE released a *Request for Proposals* for an external evaluator for the project and subsequently awarded the contract to Pacific Institute for Research and Evaluation (PIRE). DOE executed an agreement with PIRE in February of 2019 to conduct a process and outcome evaluation of the grant. The primary aim of the evaluation is to document and assess the activities, accomplishments, and outcomes associated with AWARE so that state and community stakeholders can learn from the experience and use their resources effectively during and after the initiative.

Evaluation Goals and Questions

The overall goals of the evaluation are to assess (a) the implementation of AWARE at the state and district levels; (b) changes in awareness and capacity related to mental health issues, (c) changes in the extent to which districts identify students with mental-health related needs, and (d) changes in the extent to which students in need of services receive them. More specifically, the South Dakota AWARE evaluation aims to answer a series questions associated with each project goal. The evaluation questions and the associated methods for answering the questions are shown in Table 2. The data collection activities we conducted during Year 1 are discussed following the table.

Many of the questions in Table 2 will not be thoroughly answered until the final year of the project. For this progress report, we provide a snap-shot of the progress being made at the state and district levels to enhance mental health awareness and capacity, identify students in need, and provide services to such students.

Table 2. Evaluation Questions and Methods

Evaluation Questions	Document Review	Interviews	PAD *	Fidelity Assessment	Staff /Parent Surveys	Archival Data
1. How is Project AWARE implemented in South Dakota? <ul style="list-style-type: none"> • How is the project structured and managed at the state and local levels? • What accomplishments have been achieved? • What barriers to implementation exist and how are they overcome? • What evidence-based interventions are implemented in each community? • How often are the interventions implemented? • How many people are reached by the interventions? • To what extent have evidence-based interventions been implemented with fidelity? 	X	X	X	X		
2. To what extent has prevention capacity increased because of Project AWARE? <ul style="list-style-type: none"> • What training is taking place and who is trained? • What collaborations is taking place to support the project? 	X	X	X			
3. To what extent has Project AWARE contributed to greater awareness among students, school staff, parents, and community members about mental health?		X			X	X
4. To what extent has Project AWARE contributed to enhanced access to MH services and observed changes in students' mental health and indicators related to mental health?			X		X	X

* Project Accomplishment Database

Year 1 Data Collection Activities

Document Review

PIRE reviewed relevant project documents to gain a better understanding of state and local conditions and proposed strategies. Documents included the SAMHSA Project AWARE Request for Applications, South Dakota's response to the Funding Opportunity Announcement, and documents that were developed since the inception of the project (e.g., the South Dakota Comprehensive State Plan), and other documents that provide background on cultural, historical, and other contextual factors related to the grant.

Site Visits

In May of 2019, DOE and PIRE kicked off the AWARE evaluation by conducting joint site visits with the four school districts. These visits were led by the DOE Project Coordinator and they provided the PIRE evaluator the opportunity to meet project staff, learn about the school and community contexts of each project, discuss programmatic goals and objectives, and convey information about the evaluation.

In subsequent years, PIRE will visit the State and each funded district annually during which time we will conduct a formal interview with the State Project Director, each CPAM and SOC Coordinator, and school principals. The purpose of the interviews will be to capture information about the past year's activities, accomplishments, and challenges, and to elicit information about plans for future action.

Project Accomplishment Database (PAD)

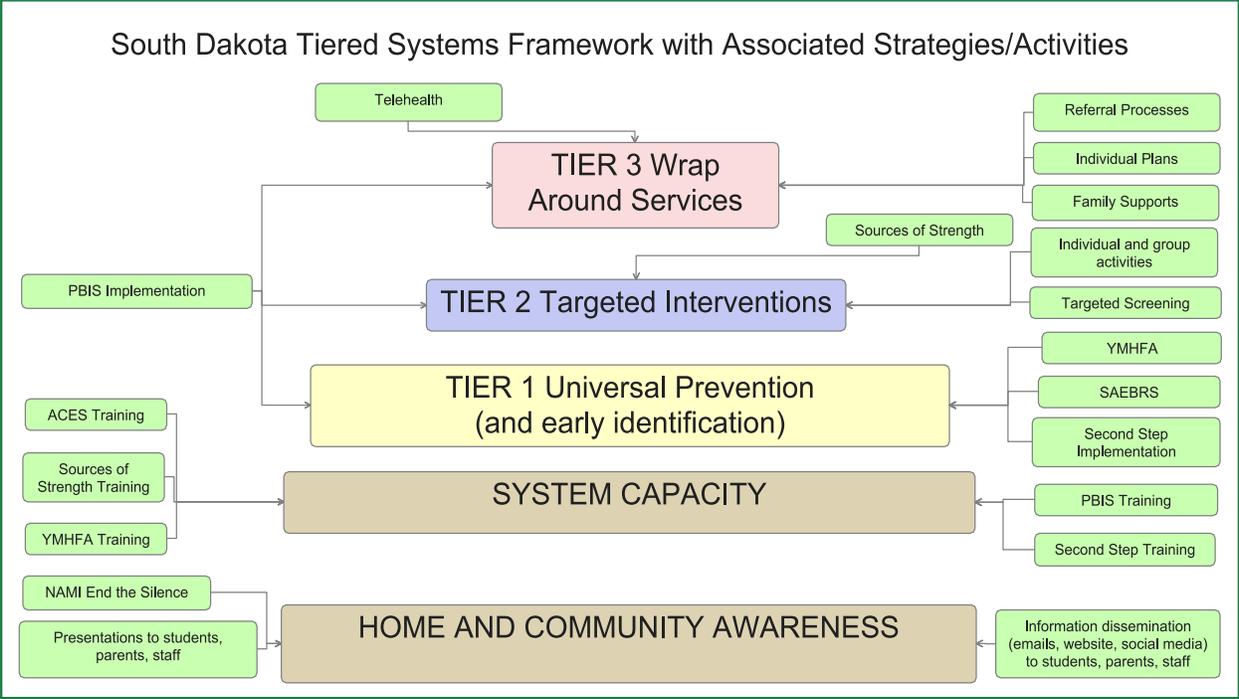
To track key outputs and services provided, PIRE developed a Project Accomplishment Database (PAD), a secure, web-based data collection and reporting application that allows each district to track all key capacity building activities (e.g., training delivered, partnerships developed, and policies established), programs, and services. The PAD is the primary mechanism through which districts will report data that are required by SAMHSA and that must be reported quarterly in the SAMHSA Performance Accountability and Reporting System (SPARS). The South Dakota PAD currently consist of the following modules:

- Training
- Formal Written Agreements
- Policies
- Program Implementation
- Screening
- School-Based Mental Health or SEL Services

Logic Model

Figure 2 graphically displays the multi-tiered system of support (MTSS) along with the strategies that are being implemented in the districts at each level, including strategies aimed at awareness and systems capacity. Not all strategies are being implemented in all districts, and some districts may be engaged in additional strategies, but the figure shows elements that are most commonly present across the districts.

Figure 2. South Dakota MTSS and AWARE Strategies



YEAR 1 DATA

Data in this Year 1 report are inclusive of October 1, 2018 – September 30, 2019. Most of the Year 1 data collection activities focused on the SPARS measures. Future annual evaluation reports will include additional data elements (e.g., survey data, administrative data, and key informant interview summaries).

SPARS

Each quarter, SAMHSA requires the state to collect and report on several federal reporting measures. These measures vary from project to project, depending on which federal agency is responsible for the grant and the nature of the grant itself. For the AWARE grant, there are seven SPARS measures, all of which fall into the category of Infrastructure Development, Prevention, and Mental Health Promotion (IPP). The seven SPARS measures for Project AWARE are the following²:

- Training (TR1): Number of individuals who have received training in prevention or mental health promotion.
- Workforce Development (WD2): The number of people in mental health and related workforce trained in mental health related practices/activities that are consistent with the goals of the grant.
- Policy Development (PD1). The number of policy changes completed as a result of the grant.
- Partnership/Collaboration (PC1): The number of organizations that entered into formal written inter/intra- organizational agreements (e.g., MOUs, MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant.
- Screenings (S1): The number of students receiving an informal or formal assessment to determine if they are at risk for a mental health-related concern and may need of specific mental health-related intervention(s), e.g., universal, Tier 1, or Tier 2 intervention.
- Referral (R1): The number of individuals referred to mental health or related services.
- Access (AC1): The number and percentage of individuals receiving mental health or related services after referral.

For the first three quarters of Year 1, districts reported their SPARS measures to the State Project Coordinator. Beginning in Quarter 4, districts reported their SPARS measures into the PAD. Table 3 displays the available SPARS data for Year 1.

² The final three measures were initially slated for annual reporting but SAMHSA modified the requirement to quarterly reporting as of October 1, 2019.

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Table 3. SPARS Measures

SPARS Measure	Bridgewater-Emery School District	BHSSC/Douglas Middle School	Wagner School District	Whittier Middle School	State	TOTAL	SPARS Target
TR1: Number of individuals who have received training in prevention or mental health promotion	2,909	0	1,145	1,263	1,156	6,473	2,732
WD2: The number of people in mental health and related workforce trained in mental health related practices/activities that are consistent with the goals of the grant	295	88	463	345	388	1,579	400
PD1: The number of state and local policy changes completed as a result of the grant*	0	0	0	6	0	6	7
PC1: The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs, MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant	1	0	0	0	13	14	5
S1: The number of students receiving an informal or formal assessment to determine if they are at risk for a mental health-related concern and may need of specific mental health-related intervention(s), e.g., universal, Tier 1, or Tier 2 intervention.	272	0	648	46	n/a	966	n/a
R1: The number of individuals referred to mental health or related services.	18	0	4	33	n/a	55	n/a
AC1: The number and percentage of individuals receiving mental health or related services after referral.	16 (89%)	0 (n/a)	4 (100%)	31 (94%)	n/a	51 (93%)	n/a

Green cells indicate that annual SPARS targets were met or exceeded.
 * We believe the number of reported policy changes is artificially low because of confusion about the definition. Future reports will include an accurate number of policy changes, including those that occurred during Year 1.

Training

Table 4 displays more detailed data on training provided during Year 1. The SAE and districts conducted a substantial amount of training during Year 1 across a variety of topics. For mental health promotion, training was most widespread for Second Step and NAMI’s “Ending the Silence” program. For workforce development, training was most widespread for Ending the Silence, PBIS, Emotional Poverty, and SAEBRS.

Table 4. Number of Trainings by Program/Topic

Program/Topic	Bridgewater-Emery School District	BHSSC/Douglas Middle School	Wagner School District	Whittier Middle School	State	TOTAL
TR1 Mental Health Promotion						
Emotional Poverty	0	0	1	0	0	1
NAMI: Ending the Silence	63	0	180	650	1,150	2,043
Second Step	2,702	0	939	613	0	4,254
Sources of Strength	144	0	0	0	0	144
Trauma Informed Care	0	0	25	0	0	25
Youth Mental Health First Aid	0	0	0	0	6	6
TOTAL	2,909	0	1,145	1,263	1,156	6,473
WD2 Workforce Development						
ACES	0	0	1	0	0	1
AWARE Summer Workshop	2	2	3	1	0	8
Boys’ Town	0	0	57	0	0	57
Emotional Poverty	0	0	245	0	0	245
NAMI: Ending the Silence	25	0	65	90	249	429
MTSS	0	0	10	0	0	10
PBIS (Includes APBS)	186	81	35	88	21	411
SAEBRS	31	4	43	90	0	168
Second Step	45	0	0	0	0	45
Sources of Strength	6	0	0	0	0	6
SWIS Suite	0	0	2	75	0	77
Youth Mental Health First Aid	0	1	2	1	118	122
TOTAL	295	88	463	345	388	1,579

Curriculum-Based Program Implementation

As Table 5 illustrates, students in three of the four districts participated in programs designed to enhance social emotional wellbeing. Second Step was most widely attended. Note, the numbers in the table reflect total units of exposure, not unduplicated, individual students.

Table 5. Number of Students Participating in Programs (Duplicate Count)

Program	Bridgewater-Emery School District	BHSSC/Douglas Middle School	Wagner School District	Whittier Middle School	TOTAL
Boys Town	0	0	777	0	777
Emotional Poverty	0	0	100	0	100
Second Step	2,702	0	939	613	4,254
Sources of Strength	96	0	0	0	96
TOTAL	2,798	0	1,816	613	5,227

Screenings

All districts except BHSSC/Douglas Middle School used the SAEBRS (Social, Academic, Emotional, Behavior Risk Screener) to screen students for SEL-related issues (Table 6). In total, 46 students were referred for screening, 966 students were screened (either because of referral or because the screening was universal), 179 students were identified as being at-risk, 27 were referred for Tier 2 services, and 46 were referred for Tier 3 services.

Table 6. Number of Students Screened with SAEBRS and Resulting Actions

LEA/School	Number Referred for Screening	Number Screened	Number Identified as At-Risk	Number Referred for Tier 2 Services	Number Referred for Tier 3 Services
Bridgewater-Emery School District	0	272	47	8	13
BHSSC/Douglas Middle School	0	0	0	0	0
Wagner School District	0	648	115	9	0
Whittier Middle School	46	46	17	10	33
TOTAL	46	966	179	27	46

Tier 2 and Tier 3 School-Based and Community-Based Social Emotional and Mental Health Services

During Year 1, three district SOC Coordinators began providing Tier 2 and Tier 3 services to enhance the social emotional and mental wellbeing of students. A total of 44 students received school-based SOC services. An additional seven students were referred for community-based social emotional or mental health services, with all seven (100%) receiving those services.

Table 7. Number of Students Receiving School-Based and Community-Based Tier 2 and Tier 3 Services

Service Type	Bridgewater-Emery School District (Southeastern Behavioral Health)	BHSSC/ Douglas Middle School (Behavior Management Services)	Wagner School District (Lewis and Clark Behavioral Health)	Whittier Middle School (Southeastern Behavioral Health)	TOTAL
School-Based Services Reported by Department of Social Services					
Basic Needs	0	0	1	0	1
Social Supports	1	0	0	12	13
Emotional Needs	15	0	3	8	26
Education Needs	0	0	0	0	0
Community Support Needs	0	0	0	2	2
Housing Support Needs	0	0	0	2	2
Health Needs	0	0	0	0	0
Safety Needs	0	0	0	0	0
<i>Number Pending</i>	2	0	0	2	4
<i>Total Referred*</i>	18	0	4	26	48
<i>Total Number Received**</i>	16	0	4	24	44
<i>Percent Received</i>	89%	n/a	100%	92%	92%
Community-Based Services Reported by Department of Social Services					
Number Referred	0	0	0	7	7
Number Received	0	0	0	7	7
Percent Received	n/a	n/a	n/a	100%	100%
TOTAL REFERRED AND RECEIVING SERVICES					
Number Referred	18	0	4	33	55
Number Received	16	0	4	31	51
Percent Received	89%	n/a	100%	94%	93%
* Total Referred is the sum of all the Service Types as plus the number pending.					
** Total Number Received is the sum of all the Service Types.					

YEAR 1 OVERALL SUMMARY

At the state level, the first part of the grant year was devoted to securing the participation of the four school districts and Community Mental Health Centers, hiring CPAMs and SOC Coordinators, and engaging additional partners (e.g., the National Alliance on Mental Illness, National Council for Behavioral Health, and Prevention Resource Centers). This early activity developed the infrastructure needed to begin and maintain the project.

Throughout the year, DOE and DSS-DBH held bi-weekly calls with each other and facilitated monthly calls with each district to communicate project expectations, share information, provide project updates, and enhance collaboration.³ DOE and DSS-DBH also worked to refine the AWARE Comprehensive Strategic Plan, the Interconnected Systems Framework, and expected practices and procedures for the districts (e.g., documentation of SOC services). In addition, DOE secured the participation of Marzano Research to facilitate a strategic planning process that will continue into Year 2.

At the local level, the districts began to develop the infrastructure needed to meet the social emotional and mental health needs of students, including providing a substantial amount of training to district personnel. Although the first year of a project of this nature often focuses solely on planning, the districts did engage in a considerable amount of implementation, as evidenced by data presented in this report and summarized below. One district did get off to a slow start because of administrative challenges but those challenges appear to be resolved as we enter Year 2.

- More than 8,000 units of training (i.e., duplicated counts of persons trained) were delivered across the four funded districts and elsewhere throughout the state.
- More than 950 students were screened using the SAEBRS and more than 70 were referred for Tier 2 and Tier 3 services.
- More than 5,000 units of programs were delivered to students.
- Forty-four students received school-based Tier 2 and Tier 3 SOC services and seven students were referred to, and received, community-based services. Overall, 94% of students referred for services received them, with several cases still pending.

We anticipate that DOE, DSS-DBH, and the districts will continue to enhance their infrastructures during Year 2 and will report more training, policy development, collaborations, program implementation, and services in the coming years.

³ PIRE also participated in these calls.